



http://fwp.mt.gov

**2011 MONTANA
NONRESIDENT
ALTERNATE LICENSE APPLICATION**

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RETURN COMPLETED APPLICATION TO:

**MONTANA FISH, WILDLIFE & PARKS
ATTN:REISSUE
1420 E 6th AVE
PO BOX 200701
HELENA MT 59620-0701**

ELK COMBINATION \$757.00

MANDATORY INFORMATION (All boxes MUST be completed) Please Print Clearly

| | | | | | | | | | | | | |
|---|---------------|-------------------|---------------|---|--|--|-------|---|--|----------------|----------------------------|--|
| DATE OF BIRTH | MM | DD | YYYY | — | ALS | DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date of birth followed by a 1 to 3 digit number. If you have not applied for or purchased a Montana hunting license you will not have an ALS#. You will be issued an ALS# after your application is processed. | | | | | | |
| NAME | | | | | FIRST | MI | LAST | JR., SR., ETC. | () HOME PHONE | () WORK PHONE | | |
| MAILING ADDRESS | | | | | | | | CITY | | STATE | ZIP CODE | |
| <input type="checkbox"/> Female | HEIGHT | | WEIGHT | | BALD | BROWN | BLACK | GRAY | <input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country) COUNTRY | | | |
| <input type="checkbox"/> Male | | | | | BLACK | GRAY | BLUE | GREEN | | | | |
| | | | | | BROWN | HAZEL | | | | | | |
| | | | | | | | | | | | | |
| | | | | | Hair Color (Circle One) | | | Eye Color (Circle One) | | | | |
| Last 4 digits of SOCIAL SECURITY # | | OCCUPATION | | | HUNTER EDUCATION REQUIREMENT Any hunter who is born after January 1, 1985 must submit with all hunting license applications a copy of their certificate verifying that he/she has completed a course in the safe handling of firearms from any state or province. | | | | | | DEPARTMENT USE ONLY | |
| X ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print. (Faxed or photocopied signature not acceptable) <small>All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-2-106 (6)</small> | | | | | | | | FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name, address, gender, residency and whether you were successful. | | | | |

This is a General Elk License and will NOT be valid in special permit areas.

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| * Make money order or cashiers check payable to : Montana Fish, Wildlife & Parks * Nonresident must pay by Money Order or Cashiers Check * <u>NO PERSONAL OR COMPANY CHECKS ACCEPTED</u> | CHECK # _____ ELK COMBINATION AMOUNT OF THIS APPLICATION <u>\$757.00</u> |
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